

US Department Justice Drug Enforcement Administion

Red Ribbon Week Patch Activity Report



This form certifies your completion of all program requirements.

Complete this online form by Friday, December 15, 2014 to receive your DEA Ribbon Week Patches.

Scout unit or troop number	Council Name	
Troop's mailing address (print)		
City	State	Zip Code
		Zip Code dress where you would like to receive the number, city, state and zip code or APO
Troop's e-mail address (Print): _		
Number of Boy Scouts or Girl Sco	outs that took the drug free p	ug prevention session:ledge:
Please describe the Red Ribbon W	/eek activity/event your troo	p or unit sponsored:
Approximately how many particip	oants attended your Red Ribl	oon Week activity?
Did you partner with anyone?	Yes No	
If so, please mark all that a	apply:	
Business/Corporat	cion	
School		
Government Agen	acy (city, county, state, or fed	leral)
Civic organization	/non-profit	
Faith-based organi	ization	
Coalition		
Other		

Please describe the anti-drug prevention education session attended by the scouts (i.e. <i>discussion, lecture</i> , etc.):			
Are you planning to participate in next year's Red Ribbon Week? Yes No			
Is there anything that you recommend to improve DEA's Red Ribbon Week Patch program for next year?			

FAX THIS FORM TO (202) 307-4559, ATTENTION DEMAND REDUCTION OFFICE